

# ESHS BAND BOOSTER CLUB

## Check Request / Expense Reimbursement



<b>DATE REQUESTED:</b>	
<b>AMOUNT:</b>	
<b>PAYEE:</b>	
<b>REQUESTED BY:</b>	
<b>PHONE NUMBER OR EMAIL ADDRESS:</b>	
<input type="checkbox"/> Please mail payment directly to Payee Address	
Street	
City	
Zip Code	
<b>PURPOSE OF EXPENSE:</b>	

**Please attach original documentation such as invoice and/or receipt.**

### BOOSTER CLUB TREASURER

<b>CHECK NUMBER:</b>	
<b>DATE OF CHECK:</b>	